

**Meeting Report**  
**Systems Strengthening Working Group**

**Chair: David Smith**

**IPPF, London**  
**2-3 November 2010**

## Executive Summary

On the 2<sup>nd</sup> and 3<sup>rd</sup> of November, 2010, around 20 members of the Systems Strengthening Working Group (SSWG) gathered at the offices of IPPF.

Mimi Whitehouse updated the group on progress made by AccessRH and Reproductive Health Interchange (RHI), a detailed account was given on the Countries at Risk (CARhs) group by Kevin Pilz and some of challenges faced by the Pledge Guarantee for Health (PGH) were detailed by Kevin Starace. This was followed by two presentations on the current progress and achievements within the professionalization of supply chain managers' workstream. Under this heading Kevin Pilz focused on the Global Positioning and Harmonization Conference and Carolyn Hart updated the group on the International Association of Public Health Logisticians (IAPHL).

Victoria Jennings and Bonnie Keith informed the group on the revived Caucus for New and Underused methods as well as the development of their Innovation Fund proposal (How to forecast contraceptive demand when there's no trend data: A guide for programs). David Smith in his turn made the case for the innovation fund submission on the long-due updating of IPPF's directory of hormonal contraceptives.

On account of past successes the SSWG is currently felt to be resting on its oars. To respond to the "what next" question and pick up steam, the better part of the meeting focused on sketching the RH commodity security landscape and identifying the next big challenges. Brainstorming sessions, facilitated by Alan Bornbusch (USAID) and guided by WHO's health system framework in the end allowed the group to identify 4 additional priority work streams warranting future energy and attention.

1. Procurement
2. Decentralization
3. Expanding financing systems
4. Data

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## ☛ To Do/Action Points:

- Explore linkages between MDA and SSW activities. There is a general need for working groups to coordinate more on joint issues.
- Explore how Peter Fajans' (WHO) ExpandNet model (from innovation to implementation and scale-up) can be applied to our work. IRH will host a learning session in Washington, DC on the model. The meeting will take place in the first quarter of 2011.
- There will not be another meeting before the coalition meeting in May. It was felt it would be a good idea for **more regular teleconferences** by the working group. The workstreams work well and almost independently but there is a need for a collective connection. Furthermore the new workstreams may require more contact to get going. Because monthly teleconferences already take place within some of the workstreams it was felt bi-monthly calls may be best.
- Use workstreams to increase understanding at the country level (focusing on a small number of countries) to enhance assistance
- Distribute PPMR (Procurement, Planning and Monitoring Report) (Kevin)
- Case study on assessing efficiency in the procurement and distribution of supplies among donors (once finalized to be circulated by Allan)
- Increase understanding of role of pharma/private sector in supply chain management (Maeve CHAI)
- Further development of the following workstreams:

1. Procurement: Paul Dowling (DELIVER) lead plus PATH and other DELIVER staff: to be confirmed

To include harmonization of procurement practices, scope for framework contracts and how to assist governments to shorten the time-frame of current procurement practices. Concept paper to be written and submitted to SSWG

2. Data and related issues: Steve Kinzett (RHSC) interim lead

Steve to write up a brief on the PATH paper just published (Lubinsky et al) on the common requirements for LMIS to explore the ways in which this can be used as a springboard for the development of open-source software for LMIS, collection of dispensed to user data (consumption data) and the subsequent uses of that data for managing supplies – including ordering, forecasting etc.

3. Expand Financing for systems: Alan Bornbusch (USAID)

Specifically trying to increase financing mechanisms for systems (supply chain mechanisms, warehousing, transport, information systems etc) in addition to the commodity financing and procurement focus.

The idea was put forward that a set percentage of commodity financing could, in a transparent manner, be slotted into systems financing.

4. Decentralization: Lisa Hedman (PATH) to be confirmed

Decentralization is happening with or without us. It is therefore necessary to understand how this impacts on the supply chain and where can we introduce new systems to ameliorate the lack of attention to supplies and logistics systems under these trends.

“Last mile” issues (public systems, incentives, distribution systems, financing and planning needs) were also highly rated by the group; it was felt issues related to this could be harbored under the decentralization heading.

## Day 1

Workstream updates and major progress:

### ➤ AccessRH and Reproductive Health Interchange (RHI) by Mimi Whitehouse

#### • AccessRH

*AccessRH is a way to manage procurement, information, and inventory in response to existing inefficiency and fragmentation. Ultimately, clients will be able to order products online at prices negotiated by UNFPA, for delivery around the world. It will be open to purchasers including, but not limited to, non-governmental organizations, social marketing organizations, and Ministries of Health.*

AccessRH is expected to open to its first clients by the end of 2010 and start to increase access by February 2011. Only one product, standard 53mm male condoms, will be offered at the beginning of the pilot phase. The intention is to start small (5 orders) and pilot the new AccessRH processes and tools in the first year. The intention of starting small and focusing on conservative growth is to balance the operational risk. Based on the learning and feedback from the first phase the system will be adapted and expand.

The target group includes the public sector and/or social marketing organizations, country offices and implementing partners (PSI, MSI, IPPF). The partners are expected to provide feedback on the first five orders.

To illustrate the development of the system, Mimi Whitehouse shared the storyboard with the group. The system currently resides on the UNFPA server and is not yet public. She explained some of the complexity behind the “simple” interface. The “order pathway” permits users to place well formed requests and minimizes iterations. Furthermore responding to an existing need, it allows users to closely match the amount at their disposal with the all-in cost of the order. The system also tracks users’ agendas and warns them when for example expedition is imminent. In addition multiple recipients from the same country can be linked which will be helpful to achieve economies of scale.

It was stressed that no action is taken until payment is received. The information on the system provides an indication of need, however only a small proportion of quotes today become orders. Because of this relatively low percentage the system as of yet would not provide information to providers with regard to expected orders. In the future however, it could help to manage inventories at the manufacturer level.

Lastly, it is envisaged to roll in RHI to increase information provision.

#### DISCUSSION POINTS:

If successful, the system is foreseen to really change the way business is conducted. The process currently entails a high degree of handholding. Concerns were raised on whether the system and processes are suited to such large amounts of money, there is however a UNFPA precedent for handling the required amounts. And the development of the system is happening in close collaboration with other departments, including finance to ensure it corresponds to existing policies and requirements.

The question was raised whether the effort is worthwhile the invested energy for such a small number of shipments and whether the tool is better than having a person on the other end of the phone? In response it was stated that it remains one of a range of tools. It may not be the opportune time for its development and roll out but it is definitely needed in view of the increasing complexity and changing environment.

It has the potential of increasing country ownership and responsibility by engaging with the country in a commercial style transaction. While the interface provides users with a real opportunity to reflect and make informed choices. 24 hour availability will not be offered but there is awareness that the response rate needs to be as direct as possible. In response to questions on how a UNFPA central system promotes country ownership, a manufacturers' directory is also available which can be contacted directly.

Special attention should be given to units of measure which may lead to confusion (i.e. condoms gross) Increased clarity on manufacturers.

## ➡ RHI

*The RHInterchange provides access to up-to-date, harmonized data on more than \$1 billion worth of shipments of contraceptive supplies for more than 140 countries around the world. Data continues to be updated by PSI.*

The most recent statistics received from the new hits tool, indicate 487 users, from 84 countries. 279 (57%) of which are from 70 developing countries. 18 new countries joined since the beginning of the grant and clearly countries are starting to find their own way onto the system. The increased number of hits on the Coalition website may explain part of this as more than 700 referrals came from the Coalition website ([www.rhsupplies.org](http://www.rhsupplies.org)). Since March 2010, the website was accessed by visitors from 114 countries. The shipment history and reports from 66 countries were added and more than 2000 downloads of Excel, brochures and graphs took place.

### DISCUSSION POINTS:

Link between RHI and MDA activities.

## ➡ The Coordinated Assistance for RH supplies (CARhs) group by Kevin Pilz

### [Powerpoint Presentation](#)

*The countries at risk (CAR) group changed its name to Coordinated Assistance for RH Supplies (CARhs) to be less stigmatizing. It continues to be a forum where key global-level partners for the funding and procurement of contraceptives and condoms share information to identify countries on the verge of or in supply shortages, to better understand the causes of these shortages, to identify solutions, and to coordinate their implementation.*

*Its primary data source is the Procurement Planning and Monitoring Report (which now reports from 21 countries monthly or quarterly). The areas of focus are stock outs, impending stock outs, and overstocks. Their main services provided are primarily product and product shipment information, and occasionally policy advice.*

Indicators of progress include the group meeting through monthly teleconference without fail (Oct 09 – Sept 10), these calls include four to eight organizations per call (UNFPA/PSB, UNFPA/CSB, USAID, DELIVER, RHSC, RHI, are core members; World Bank and UNF/PGH participate regularly). There were 162 distinct commodity issues between January and August 2010 (average per month = 20+) of which 89 were 'action issues' and 73 were 'information issues.' In 71 of 73 cases, CARhs provided assistance. The related presentation contains CARhs indicators on Countries at risk, Products at risk and Effectiveness.

The indicators show countries that persistently run into difficulties, notable Kenya and Ghana. These repeated/chronic issues, related to poor planning, coordination, etc., are not resolvable with a single shipment and require more extended engagement, more detailed conversations with country, and

higher level people. Unfortunately there is a lack of time, focus (mostly on shipment), as well as traction (due to technical profile) to deal with these issues at the required level. As a result there is a clear need to address the policy challenges in a forum (including high level stakeholders and country representatives).

A further challenge is that the data management remains very time consuming and there is a need for the automation of the PPMR/CARhs Database. USAID feels that automating the system (data gathering and processes) and creating a sustainable database will also facilitate the leadership transition of CARhs in time to another organization.

Further needs include flexible funding / additional organizations that can procure, and provide data from additional countries.

#### DISCUSSION POINTS:

The main challenge when it comes to the essential policy dialogue is that the group currently does not have the bandwidth to engage at that level due to the technical profile of those involved. Those involved in the discussion and review and information that comes out are mostly USAID implementing partners who pass on the information. The policy forum however should engage for example USAID country reps and UNFPA staff.

Furthermore, countries have not been optimally involved as no direct links with the MoH exist and it remains unclear how aware they are.

There is a need to have a better understanding of what goes on at the country level. There needs to be an analysis of existing data, which will give more insight into why some countries rank highly (due to size, good reporting, etc.) and into their real needs compared to others. A small group of countries should be identified as an initial focus exercise. There is a need to involve the countries, work together and provide assistance at the country level through the workstreams. Ghana may be a good country to have a check-back with.

The Procurement Planning and Monitoring Report (PPMR) can be distributed to all those with interest (MoH etc...)

Currently the private sector is not involved in CARhs as it is unclear what their role would look like. Unless they provide real value there is no place for them.

#### ➤ **The Pledge Guarantee for Health (PGH) by Kevin Starace.**

*The Pledge Guarantee for Health (PGH) will provide governments, nongovernmental organizations, and other development organizations with the funding they need to procure health supplies while they wait for dedicated donor financing to become available. This will allow recipients to order supplies when they are needed, rather than having to synchronize procurement with donor funding and disbursement cycles before placing their orders. This way the PGH can help eliminate costly emergency shipments of supplies and provide governments and organizations with more control over their procurement processes.*

The PGH currently has not conducted any transactions and is still in their proof of concept stage.

Kenya, Uganda, Mali, Ethiopia, Pakistan, Nigeria, Senegal, India and Nigeria have been singled out as potential governments interested in the PGH, based on research conducted in 25 countries. Kevin and his team are hoping to conclude 1-2 deals before the end of 2010.

Barriers have been identified that hamper its advancement: 1) The fact that it is a new concept and there is a need for education, 2) accountability issues, when donors are presented with the PGH option, it

makes their existing processes seem slow and inefficient, and it's therefore difficult to get them to commit to the mechanism 3) timeframe issues, as the PGH is often not used until it is too late and countries are approaching stock-out situations. New insights have led to a shifting strategy where the PGH team is focusing more on donors and suppliers, rather than governments. Donors and recipients ideally should look at the grants portfolio 12 months in advance to ensure low cost and high benefit for the transaction.

Despite barriers, a lot of headway has been made with PGH deals. Twenty million dollars has already been expedited without "deals", as PGH is seen as a "threat" almost. Negotiating and communicating remain key in the process to educate and increase awareness. DISCUSSION POINTS:

In Latin America UNFPA has looked into partnering with PGH for capital however at the moment there isn't a lot of traction. Barriers include the fragmented supply chain, overall savings as opposed to borrowing, and lack of upstream planning. Discussions are ongoing.

The PGH strategy has become more donor and supplier focused in response to new insights.

Since its inception the PGH provides a learning opportunity on financial flows and transaction financing in RCS. According to group members it goes beyond a learning opportunity as there remains a great need for PGH (even more so in the current climate) and money continues to be wasted.

It continues to make sense from a business model point of view where carrying capital is more advantageous to short term loan which end up more costly and offer less leverage. The cover costs are reduced.

There is nothing the RHSC can do at the moment to support the PGH. It takes time for a new product to make it on the market. The credibility of the RHSC however is a great plus.

Alan Bornbusch is working on a case study assessing efficiency in the procurement and distribution of supplies among donors.

## ➡ Professionalizing the Management of Public Health Supply Chains by Kevin Pilz

### Powerpoint Presentation

*The main challenges The Professionalization of Supply Chain Management responds to include: unqualified and disempowered staff managing public health supply chains, poorly managed and insufficiently resourced supply chains, poor availability of health commodities at facilities, wasted resources, and underperforming health programs and unachieved health goals. This entails creating demand for and supply of individuals with appropriate competencies for public health supply chain management.*

In his presentation Kevin gave an overview of the goals of workstream and its current activities. The approach consists of:

- i. Involving a broad array of key stakeholders from global, regional and national organizations, from within and beyond the Coalition as the challenges are broader than the RH arena. The biggest challenge is advocating for Supply Chain Management as a technical area.
- ii. Promoting harmonization of approaches across health programs and health organizations at different levels.
- iii. Promoting professionalization that acknowledges and accommodates the diversity of country contexts that exist and the diversity of roles among individuals managing supplies

Existing four sub-activities within the workstream include:

i. Consultations (40) with key stakeholders have taken place to expand the workstream membership, and ensure the workstream understands and reflects the interests and concerns of key stakeholders. There is a need for increased consultations with academia, the private sector, and government. This activity is being coordinated USAID (Kevin Pilz).

ii. Membership is expanding rapidly, and there is a need to unite them for discussions as well as to gauge commitment. To do this a Global Positioning and Harmonization Meeting bringing together ~90 participants is planned in 28-29 June 2011 (WHO, Geneva). This meeting is being organized by BIOforce (Benoit Silve <http://www.bioforce.asso.fr/>).

Currently the membership is very diverse donors and multilateral organizations, technical agencies, the private sector and regional and national organizations. Due to the growing membership base current funding is insufficient, hence the innovation fund proposal for BIOforce for additional funding.

iii. WHO and WB would like to see the evidence base developed for the need for professionalization. To respond to this, increased documentation and a research agenda are needed. Research can support advocacy on the need for professionalization. The evidence base will be key for success at Global Meeting, but documentation of human resources for health (HRH) challenge for SCM is currently weak. This activity is coordinated by USAID | DELIVER (Paul Dowling).

iv. At present focus countries with interest in professionalization are identified, to leverage existing support during implementation/piloting phase. These focus countries will be invited to participate in the meeting and will be the focus of research activities. This activity is being coordinated by CHAI (Maeve Magner).

#### DISCUSSION POINTS:

Questions were raised on the role of the private sector and possible opportunities for their participation. The pharmaceutical industry for example hardly has a stake in supply chain management and could possibly provide funding/ training. Maeve Magner may be able to provide information on this (she will soon be leaving CHAI for the private sector).

Sustainable models need to be developed with increased attention to task shifting. In light of increased sustainability, there will be a focus on short courses followed by external assistance once they are in the job.

With regard to building the evidence base the question was raised what the benchmark would be in terms of skills. A challenge is to list the qualifications, functions and time requirements so that you can realistically match and that way ensure efficiency.

The question was raised how the activities link to HS strengthening effort. It could very well slot into larger activities such as the global HRH alliance. The workstream is currently working on strengthening linkages. However, it is not always clear what it means to be part of these initiatives, and what the role of the workstream is (i.e. PMSCH) in them. It is however a worthwhile effort to get it on the radar. Kevin is trying to hold a side meeting on Professionalization at the upcoming. It was also suggested the workstream should work more with WHO on the normative aspects. Not directive on how to approach the issue but on what is needed from a normative view.

With regard to the country strategy it was explained it would be a 2 step approach. The selection of countries takes place prior to the meeting (4 to 8 countries), and from the meeting onwards these countries will be actively engaged as products and approaches are developed.

It was also felt that there is no blanket approach and that the fact that there is no one size fits all, also needs to be clearly communicated. There is a need to be realistic and a conversation is needed on when outsourcing is called for.

### ➡ **The International Association of Public Health Logisticians (IAPHL) by Carolyn Hart.**

#### Powerpoint Presentation

*The IAPHL is a global community of practitioners in the field of RH supply chain management. It is a professional community as a follow up to training. It has grown considerably since its inception in 2007 and has 550 members from 75 countries. The listserv is moderated by DELIVER of the community is hosted on the IBP system and consists of discussions, tools, resources and archives. It very practitioner focused which is its real added value. The community is an important follow-up tool at the country level.*

Plans for the future include; making it less USAID and more self-directed, encourage greater participation in strategic direction and governance, develop a board, increase participation by professional affiliations (Supply Chain Management Professionals (CSCMP), and increase sustainability through partnerships and long term planning. It is hoped that IAPHL will draw on Innovation Fund support to accomplish future plans.

Increased collaboration is sought with the American Logistics Aid Network to draw on their expertise in emergency settings and explore possible links. The network community is also looking into twinning opportunities for their members.

Many of the SSWG are a member of the IAPHL community.

### ➡ **Revived Caucus for New and Underutilized methods by Victoria Jennings and Bonnie Keith**

*The Caucus functions as an intermediary within the Coalition – Caucus members belong to both the Caucus and at least one of the Coalition’s Working Groups. This dual membership allows Caucus members to encourage Working Group discussions and activities that align with the Caucus’ goal and purpose. The goal of the Caucus is to help improve choice of reproductive health technologies.*

Victoria Jennings (Georgetown Univ., Inst. For RH) is the SSWG liaison for the Caucus. It was explained that the Caucus functions as a community of practice and now holds quarterly teleconferences beginning Jul 2010. The Caucus membership works within the Working Groups to promote discussion of new and underused technologies and identify Working Group workstreams where these technologies could be included. The Caucus, as a community of practice, is not a Working Group and does not have its own workstreams. Its purpose is to provide a forum for discussion on these issues within the Coalition and advocate for their inclusion in Working Group activities. It is co-Chaired by Jane Hutchings (PATH) and John Townsend (Population Council) and facilitated by Bonnie Keith (PATH).

The Caucus submitted an innovation fund proposal on “How to forecast contraceptive demand when there’s no trend data: A guide for programs.” The goal of the project is to help countries and programs meet their forecasting needs for contraceptive methods that lack sufficient country-level trend data, particularly in countries/regions where programs intend to offer these methods on a larger scale. To achieve this goal the project partners propose to: i. develop and test procurement forecasting guide for methods that lack trend data and ii. Disseminate the guide to target audiences and advocate for the inclusion of the guide in existing procurement guidelines.

DISCUSSION POINTS:

The stock-out of female condoms indicated by CARhs could be linked to the Caucus and may be good to include in the work if the Innovation Fund proposal is funded.

The RESPOND project (EngenderHealth) was also brought to the attention of the participants, principally its focus not only on methods but also on ancillaries and forecasting.

### ➤ **ICON and WomenCare Global**

ICON closed its pharma business (branding and marketing their products) as a result, two products Roselle, a combined oral contraceptive (COC) pill and Optinor, a progesterone-only emergency contraception pill (ECP) were taken up in the portfolio of WomanCare Global.

Enrico Sangiorgio explained that WomanCare Global by focusing on distribution provides access to high-quality, innovative and affordable reproductive healthcare technologies for contraception, fertility and pregnancy management. Through a large portfolio, WomanCare Global's mission is to expand the availability of these technologies in both public and private sectors via an established global supply chain reaching over 80 countries, with particular focus on under-served markets in Africa, Asia and Latin America. WomanCare Global is a hybrid business model, combining the best practices of for-profit and not-for-profit entities. Their headquarters are in North Carolina and they have a regional office in London.

### ➤ **Innovation Fund proposal:**

#### **Updating the hormonal contraceptives' database by David Smith.**

There is a need for updating IPPF's directory on hormonal contraceptives listing contraceptives by brand, composition, country, manufacturer and type, as the list is out of date. The innovation fund proposal does not only seek funds to update the list but will also look into how its usefulness can be increased and how in a sustainable way it can be kept up to date by the institution.

## Day 1 and 2

### ☛ Brainstorming sessions:

#### Powerpoint Presentation

*The SSWG is felt to be resting on its oars. To respond to the “what next” question and pick up steam, the better part of the meeting consisted of a brainstorming session to sketch out the RH commodity security landscape and identify the next big challenges to address. The brainstorming session was facilitated by Alan Bornbusch (for a detailed overview, please refer to the Brainstorming PPT).*

The brainstorming took place in three break-out session that focused on the following questions:

- |                                    |   |
|------------------------------------|---|
| <b>i. Where are we?</b>            | <ol style="list-style-type: none"> <li>1. What tools/approaches/knowledge do we have now?)</li> <li>2. Where have we made progress?</li> <li>3. What issues/problems persist? (country and global level)</li> </ol> |
| <b>ii. Where do we want to go?</b> | <ol style="list-style-type: none"> <li>4. What issues problems are tractable for SSWG and where can we most contribute?</li> </ol>  |
| <b>iii. How do we get there?</b>   | <ol style="list-style-type: none"> <li>5. Workstreams with leaders and workplans</li> </ol>   |

To respond to these questions, working group members were divided into three groups. Each group focused on two of the six health system building blocks as defined by WHO. The building blocks include: Service Delivery (1), Supply Chain Workforce (2), Logistics Information Systems (3), Supply Chain (medical products and technologies) (4), Health Financing (5), and Leadership and Governance (6).

Once the big challenges were identified by the group they were prioritized applying filter questions, and voted on in a plenary session. These filters included: RHSC strengths and functions, existing needs and gaps, area of most future impact and lastly voter leadership and involvement.

The following workstream ideas were approved for further development. The overall ideas were briefly discussed by the whole group and a member of the SSWG was assigned to each major idea with the responsibility to write up the concept of each possible workstream so that it may be considered for inclusion in the SSWG workplan.

#### **1. Procurement**

Paul Dowling (DELIVER) will lead with PATH and other DELIVER staff: to be confirmed

To include harmonization of procurement practices, scope for framework contracts and how to assist governments to shorten the time-frame of current procurement practices. Concept paper to be written and submitted to SSWG

#### **2. Data and related issues**

Steve Kinzett (RHSC) interim lead

Steve to write up a brief on the PATH paper just published (Lubinsky et al) on the common requirements for LMIS to explore the ways in which this can be used as a springboard for the development of open-source software for LMIS, collection of dispensed to user data (consumption data) and the subsequent uses of that data for managing supplies – including ordering, forecasting etc.

#### **3. Expand Financing for systems**

Alan Bornbusch (USAID)

Specifically trying to increase financing mechanisms for systems (supply chain mechanisms, warehousing, transport, information systems etc) in addition to the commodity financing and procurement focus.

The idea was put forward that a set percentage of commodity financing could, in a transparent manner, be slotted into systems financing.

#### **4. Decentralization**

Lisa Hedman (PATH) to be confirmed

Decentralization is happening with or without us. It is therefore necessary to understand how this impacts on the supply chain and where can we introduce new systems to ameliorate the lack of attention to supplies and logistics systems under these trends.

“Last mile” issues (public systems, incentives, distribution systems, financing and planning needs) were also highly rated by the group; it was felt issues related to this could be harbored under the decentralization heading.

#### **Other priorities:**

Other major ideas/issues that were listed were either referred to other working groups, merged into existing workstreams or to the Caucus for New and Underutilized Methods for further consideration and conceptual thinking. These included:

##### **a) Other RH supplies (LAPDs, Oxytocin, Mifepristone etc) and maternal health**

The working group members asked the Caucus to help frame how this workstream could move forward within the SSWG. Victoria and Bonnie will bring this back to Caucus membership and discuss potential ways forward for the SSWG and share their recommendations with David and the group at large.

##### **b) Workforce development and leadership**

Referred to current workstream on Professionalization of Logisticians; World Bank focus on transparency has done very little to advance efficiency and expedience these issues also need to come into focus. What steps can be undertaken to get out of the “negative” space.

##### **c) Private Sector Services and Demand – referred to MDAWG; and Hand-to-Hand**

It was noted that there were already existing workstreams on Quality Assurance/Quality Control in both the SSWG and the MDAWG (indeed some of these activities are jointly undertaken) and it was agreed that there needed to be a separate meeting to discuss all the initiatives and activities in this area as it was of importance to many members of both working groups. The secretariat would in conjunction with the respective working group leaders organize such a meeting. There is a government stewardship role with regard to QA (policy)

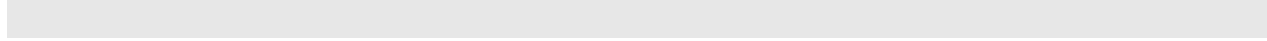
##### **d) Policy**

Lastly there was huge support for a CARhs Policy Workstream – but after considerable discussion it was felt that this needed to be put before the Executive of the Coalition as an activity that the Executive (or persons in higher policy making posts) could undertake. This activity was suggested as a result of certain countries (e.g. Kenya and Ghana) figuring highly at the regular CARhs Meeting – but that many of the problems of stock outs were systemic issues resulting from things that could only be changed at a higher policy level. It was recommended that there needs to be an all-donor, all inclusive systematic policy level review of systems and activities in certain countries to ensure Contraceptive Security.

Ways need to be identified to get the best traction. There may be additional options to the EC. Country reps should be involved. The CARhs group would be able to provide the required background and recommend action. Obviously there is need to handle countries that have been singled out thoughtfully.

**Note:**

Some issues such as DATA and HRH did not receive a high number of votes, this does not reflect on their relevance but on the fact that there are already numerous actors who have these issues as their core business. We should look into what is happening and how the SSWG fits in.



☛ Attendees:

Alan Bornbusch (USAID)  
Lester Chinery (Concept Foundation)  
Lou Compernelle (RHSC)  
Louise Dunn (Women Deliver)  
Eric Dupont (UNFPA)  
Annette Gabriel (KfW)  
Carolyn Hart (JSI)  
Lisa Hedman (PATH)  
Victoria Jennings (IRH)  
Harry Jooseery (PPD)  
Bonnie Keith (RHSC/PATH)  
Steve Kinzett (RHSC)  
Ben Light (UNFPA)  
Kevin Pilz (USAID)  
Sandhya Rao (USAID)  
Sandra Rolet (Consultant for KfW)  
Enrico Sangiorgio (Women Care Global)  
David Sarley (JSI)  
Morten Sorenson (UNFPA)  
David Smith (IPPF ICON)  
John Skibiak (RHSC)  
Kevin Starace (UNF)  
Mimi Whitehouse (UNFPA/JSI)